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ABSTRACT

A model for program evaluation with pertinent data from a variety of methods applied in six settings is described. The settings include two university clinical psychology programs at Alabama and Kansas; the Memphis Internship Consortium; the University of Arkansas Student Development Center component of the Counseling Unit; and two county social service agencies, Benton and Washington counties in Arkansas. The evaluations of the clinical psychology training programs are described in some detail herein to augment (and antedate in methodology) the separate presentations of programs in the other four settings. The model format includes entree to setting, shared planning, participation in data collection by setting personnel, informal oral feedback with all setting participants, formal feedback between researcher and program, and a continuing relationship between researcher and program. The model encourages a continuity of relationship between researcher and program to stimulate shared involvement over time, increasing the likelihood that findings will have an effect upon future program practices. Methods include interviews with participants, group meetings with participants, stream of behavior accounts and occupancy counts of behavior settings, needs assessment data, time logs of activities and concurrent feelings of program participants, and questionnaire data. These methods separate persons and settings so that feedback of findings may be individualized, and personally relevant data as well as program relevant data may be provided to participants.
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A Model, Methods, Data, and Applications

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For several years I have been concerned with the description of training and service delivery settings in which human service workers, including clinical psychologist, find themselves. The handout (Table 1) indicates the settings that have been described. I want to briefly mention the three components of this table by way of introduction. First, you will note a progression from academic training settings through clerkship and internship settings and finally to service delivery settings in the community. Second, the research process has been largely shared with students, undergraduates and graduates, as part of formal seminar work, honor's program, and otherwise since I believe that we need to infuse academic knowledge with an awareness of the everyday problems of doing research in training and service delivery settings. Third, the methodology varies with the setting and, in general, the more structured the methods the shorter the time period for the evaluation process. For example, the university programs were looked at in one day while the clerkship, internship and social service agencies used a one week time log as the data base, either alone or with additional interview or paper-and-pencil measures. Finally, where the evaluation process proceeded by interview alone and was consequently subjective, the time period was generally extended.

These studies follow what I would label as an action research model (Lewin, 1946). An outside researcher collaborates with a client system in an interactive cycle of analysis, fact-finding, conceptualization, planning, execution, and evaluation. This model has been labeled more precisely as

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a "contingency design" (Ketterer & Perkins, 1977). The four ingredients of this design are a systems analysis perspective, a theory-generating methodology, collaboration between outside researchers and staff, and specific utilization strategies. The systems analysis perspective provides for relations between persons and the environmental context or setting as the focus for the study.

A theory-generating methodology serves to identify relevant variables, uses multiple methods, and makes pertinent group comparisons. Collaboration implies a warp-and-woof of relationship between researchers and agency personnel that begins before the research process and continues long after the research is completed. Utilization strategies include the use of multiple audiences for feedback, needs assessment prior to evaluation, a linkage of research and data via feedback, a timing of research and feedback to (hopefully) ensure utilization of data, and clear, precise, tailored messages from researchers to agency personnel.

Table 2 presents a rough goodness-of-fit between "contingency design" characteristics and the four program evaluation studies herin reported. Since this table is an exercise in after-the-fact dovetailing, I would rather direct your attention to Table 3 which depicts the process of program evaluation in these four settings. This process includes entree to the setting, shared planning, participation by setting persons in data collection, informal oral feedback, formal written feedback, and a continuing relationship with the setting. Explicit in this representation is that there is something of enduring value for the setting that comes directly from the evaluation experience. That "something" may be a set of recommendations that are acted upon by setting administrators, (counseling center), a concern with the research as a continuing monitoring system as well as an

entirely new research process (internship), and descriptive material that can be used in describing the program for potential students (university). The intent of these procedures is to provide some sense among program personnel that they own and can make use of the evaluation experience over a period of time.

With this cursory introduction to the overall research process I would like to describe the evaluations of university programs since these two of the six settings are not dealt with by the other papers. This research odyssey began with an internship site visit to the University of Alabama Medical Center and some brief words with Dr. C. J. Rosecrans regarding the typical one-way communication from academic program to internship. In an effort to provide feedback to university programs, a now controversial survey of internship directors succeeded in identifying programs that provided competent interns. Since programs were ranked it became of interest to specify some of the ingredients of graduate clinical training in specific programs that led to a positive evaluation by internship directors. Accordingly two highly-rated programs, Alabama and Kansas, were selected and contacted for permission to study their program. During the previous year a methodology had been developed and piloted as well as following set of training goals or clinical skill components:
(a) acquisition of clinical skills; (b) communication of clinical skills (c) professionalization; (d) autonomy; (e) flexibility; and (e) personal integration. This list of training goals came out of my own experience and represent neither consensus nor empirical origin. It constitutes a framework for the development of a methodology in order to examine program functioning and thus has primarily an heuristic value.

The methodology for university program evaluation was an adaptation of Roger Barker's eco-behavioral approach (Barker, 1968) that was essentially an indexing of program activities to Barker categories and a subsequent clustering of these data into the clinical skill or training goal components. The heart of this indexing occurred in the practicum and case conference settings which were subjected to a stream of behavior analysis that indicated faculty and student input in the form of case presentations, didactic content, questions, comments, disposition statements, evaluation, and affect. These data were obtained in one-minute time samples with substantial scorer reliability. Comparison of structural components across training settings both within and between programs was feasible. Table 4 suggests how this juxtaposition between Barker categories, data categories, and training goals was accomplished. Table 5 looks at the final product in which program components and training goals are directly compared. The data from this entire process together with interview content was then assembled into a description of the program that highlighted the training values (Dana, 1976a; Dana 1976b).

I would suggest that the application of any systematic coding to the behavioral contents of training settings is both novel and necessary. We need to be able to describe training procedures as they articulate with program goals in order to evaluate the quality of clinical training. Moreover, these evaluations could have been accomplished just as readily using program goals germane to each program rather than those previously mentioned. In fact, it might be useful to compare generalized training goals with program-specific training goals as frames-of-reference for organizing program data. For example, the University of Alabama has developed their

own set of training goals which include therapy, assessment, teaching and training, personal development as therapists, personal growth, identification with the profession, and the development of an individual professional identity.

I stress the use of program-specific training goals since it is ultimately necessary for program evaluation to be part-and-parcel of the ongoing accountability process within a setting. These studies were all gratuitous or "imposed" since they did not emerge as the results of program deficits as defined by program administrators in any instance. One of the desired outcomes of all of these studies is to encourage a transition to in-house accountability paradigms. Such accountability is more than sheer documentation of the training or services provided. Routine program evaluation can be the basis for planned and continuous changes in order to meet the demands for novel and altered training and/or services without disruption of the system itself.

References

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Dana, R. H. Evaluation of clinical training programs: A case example providing one recipe for competence. Paper presented to the University of Kansas Clinic Operations Meeting, February 11, 1976. b

Ketterer, R., & Perkins, D. A design for evaluating consultation and education programs in community mental health centers. Paper presented at the meeting of the Midwestern Psychological Association, Chicago, 1977.

Lewin, K. Action research and minority problems. Journal of Social Psychology, 1946, 2(4), 36-46.

Table 1

Setting	Method	Outcome
University clinical psychology training programs (Alabama; Kansas)	a. Description of different kinds of current training programs within consistent format	Dana, R. So you want to be a clinical psychologist? Graduate training and informed choice: A student's guide to decision-making. Fayetteville: Univ. of Arkansas Printing Office, 1977.
	b. Survey to indicate quality of pre-internship training	Dana, R., Gilliam, M., & Dana, J. Adequacy of academic-clinical preparation for internship. Professional Psychology, 1976, 7, 112-116.
	c. Barker-type behavior setting analysis including stream of behavior accounts.	Dana, R., & Turner, L. Clinical psychology training and behavior setting methodology: A pilot study. Unpublished paper, Univ. of Arkansas, 1975. Dana, R. Comparisons of competence training in two successful clinical training programs. Psychological Reports, 1978, 42, 919-926.
University counseling center (University of Arkansas)	a. One week time log accounts of behavior and concurrent affect for graduate assistants and senior staff	Clinical seminar project, Univ. of Arkansas, Fall 1977 (Steve Amos; Jo Ann Brandt; Pat Davenport; Martha Leatherman; Jim Willcockson; Bruce Wilson) reported in An Evaluation of Counseling Unit In-Service Training Needs, November 1977. Unpublished paper, Univ. of Arkansas, May 1978.
	b. Moos Ward Atmosphere Scale (adapted) completed by graduate assistant and senior staff.	

Table 1 (Continued)

Setting	Method	Outcome
Psychology internship (Memphis Psychology Internship Consortium)	a. Interviews with staff and interns	Dana, R., & McArthur, M. Program evaluation An evolving methodology and an internship example. Unpublished paper, 1977.
	b. One week time log accounts of behavior and concurrent affect by interns several times yearly (three year period)	Dana, R. & Amos, D. A comparison of Memphis Psychology Internship Consortium time usage and affect values for interns during two consecutive years: Summary Paper presented at the Univ. of Tennessee Medical Center, Memphis, May 26, 1978.
	c. Follow-up survey relating internship components to professional activities in process (with Ted May)	
County Social Service agencies (Benton and Washington Counties, Arkansas)	a. Time log for one week by all agency personnel (retrospective account)	Clinical seminar project, Univ. of Arkansas, Fall 1977 - Site Report: Benton County Human Services Agency. Unpublished paper, Univ. of Arkansas, June 1978. Site Report: Washington County Human Services Agency, Unpublished paper, Univ. of Arkansas, June 1978.
	b. Individual 30' structured interview with all agency personnel following time log completion	
	c. Questionnaire survey using one day sample of agency clients	
Community mental health center (Rawlins, Wyoming) *	a. Several visits including interviews with all staff members (May 1976)	Narrative description of program
Residential treatment center for disturbed children, (Edgefield Lodge, Troutdale, Oregon) *	a. Three one-week visits (Spring 1976) including interviews with most staff members and consultants)	Narrative description of program

* Not reported in this symposium

Table 2

Contingency Design Characteristics as Identified in Four Program Evaluation Studies

(University; Counseling Center; Internship; Social Services)

Design Characteristic	Components of Design Characteristic	Representation of Design Characteristic			
		University	Counseling Center	Internship	Social Services
SYSTEMS ANALYSIS PERSPECTIVE	Process emphasis: person and setting relationship	Training characteristics from stream of behavior analysis matched with clinical skill components	Atmosphere Scale scores for grad assistants and senior staff	Affect values for interns and settings	Juxtuposition of what services are performed with worker and client satisfaction with services
THEORY-GENERATING METHODOLOGY	Identification of relevant variables	In terms of clinical skill components	Identifies relevant setting characteristics	Locates sources of input on training	Pinpoints sources of concern for staff and clients
	Multiple methods (See Table 1)	Yes	Yes	Yes	Yes
	Comparison of groups	Grad students across training settings	Grad assistants and senior staff	Intern groups over successive years	Administrators, workers, clients
COLLABORATION (See Table 3)		Yes	Yes	Yes	Yes
UTILIZATION STRATEGIES	Multiple audiences for feedback	Yes Students and faculty	Yes Grad assistants, senior staff, administrators	Yes Interns and staff	Yes Workers, administrators (two levels)
	Needs assessment	No	Prior to research (in house)	No	Prior to research (in house)

Table 2 (Continued)

Design Characteristics	Components of Design Characteristic	Representation of Design Characteristic			
		University	Counseling Center	Internship	Social Services
UTILIZATION STRATEGIES (Cont'd.)	Linkage of research and data via feedback	Yes	Yes	Yes	Yes
	Timing to ensure utilization	Unknown	Yes	Yes	Unknown
	Clear, precise tailored messages	Yes	Yes	Yes	Yes

Table 3

Components of Program Evaluation Process as Implemented in Four Settings

Component	University	Internship	Counseling Center	Social Service
ENTREE TO SETTING	by letter	by discussion with directo.	by memorandum	by group meeting
SHARED PLANNING	Yes	Yes	No	No
PARTICIPATION IN DATA COLLECTION BY SETTING PERSONS	paid graduate student informant re setting occupancy	all interns	all graduate assistants and administrators	all agency personnel
INFORMAL ORAL FEEDBACK	to students and faculty	to interns after each data collection period	to administrators	to all personnel
FORMAL WRITTEN FEEDBACK	Yes	Yes (yearly summary)	Yes	Yes
CONTINUING RELATIONSHIP	Informal	Continuation of research process. Initiation of new research process	Continuation of research process	Unknown at present time since formal feedback has just been completed. (July 1978)

Table 4

Transliteration of Training Goals to Barker Categories and Categories Used for Data Collection.

Training Goal	Barker Category	Data Category
Acquisition of clinical skills	Behavior Setting Attributes:	
	Occurrence/duration	Total N days/hours per semester
	Population	Total N different persons within setting per semester
	Occupancy time	Person-hours per semester
	Penetration	Maximum involvement and responsibility
	Action Pattern Subscales:	
	Teaching	Case presentation; Questions/Comments
	Participation	Task-relevant time
	Supply	Didactic content
	Evaluation	Feedback on performance
	Behavior Mechanism:	
	Thinking	Disposition (Problem-solving/Decision-making)
Communication of clinical skills	Action Pattern Subscales:	
	Teaching	Case presentation; Questions/Comments
	Supply	Didactic content
Professionalization	Action Pattern Subscales:	
	Participation	Task-relevant time
	Evaluation	Feedback on performance
	Behavior Mechanism:	
	Thinking	Disposition (Problem-solving/Decision-making)
	Pressure	Scaled ratings of occupancy requirements

Table 4 (con't)

Training Goal	Barker Category	Data Category
Autonomy	Behavior Setting Attributes:	
	Participation	Time Utilization: staff / student
	Penetration	Maximum involvement and responsibility
Flexibility	N of Behavior Settings	Variety of training experiences
	Penetration	Extent of participation
Personal integration	Welfare	Scaled ratings of concern with students
	Behavior Mechanism:	
	Affective behavior	Frequency count
	N of Personal Growth settings	Frequency count: students x settings

Table 5

A Comparison of Training Goals as Related to Behavior Settings and Program Activities: Alabama and Kansas

Acquisition of Clinical Skills		Communication of Clinical Skills		Flexibility	
Alabama	Kansas	Alabama	Kansas	Alabama	Kansas
Assessment (I,II)	Assessment (CI,CII)	Case Conferences	Demonstrations of professional competency (Tasks)	20 Behavior settings	14 Behavior settings
Psychotherapy	Observations (3 per sem)	Practicum		N Training Exper / Extent Partic	
Behavior Mod	Clinic Intake Team		Consultation Services	20 / Low	14 / High
Practicum (I,II)	Professional Competency Tasks (1 to 3)		Practicum		
Special Training (Several requests per semester)	Practicum (CIII-2; CIV-2)				
Program Specialties (minor) (12 hrs) Corrections/Child/ Alcohol	Juvenile Court Head Start CMHC (3) Cottonwood Ballard Center				
Practicum/Clerkship (Off-campus)	Ks Neur Inst VA (3) Advanced Practicum				
Bryce Hospital Crisis Center Day Care Center Mental Health Center Rape/Pregnancy/Abortion Ridgecrest Children's Veterans Admin. Hosp. West Ala. Rehab.					

Table 5 (cont.)

Professionalization		Autonomy		Personal Integration	
Alabama	Kansas	Alabama	Kansas	Alabama	Kansas
Clinic (interdisciplinary/ individualized training/ postdoc, clinic mgmt, other prof training)	Student involvement in program via 3 vertical meetings:	Voting Rights on clin faculty	Self-control: choice of core areas, tasks, research skill proficiencies, etc.	Support Minimum ($2400 per yr) (Range to $11,000) (Mdn=$4000)	Support Minimum ($3000 per yr)
Clinic Staff Meeting	(1) Clinic Admin	Choice re special training, program specialties, and practicum placement	Decision-making prerogatives: role in meetings, thesis on clinic evaluation, faculty evaluation	Therapy Available-referral (3-5 per sem)	Therapy opportunities: group (payment by dept of therapist selected by students)
Clinic Staff Positions	(2) Operations		Practicum supervisors exclusively from clin settings external to program	Low stress program	10%-50% in treatment
Clinic Manual	(3) Clinical Faculty		Practicum		Course in personal growth
Clinic Luncheons	Clinic Manual				Evaluation: Endorsement syster after two years
Student Assns (Grad/Clinical)	Activity Record				
Assessment (I,II) (Service Function)	Evaluation of clinic director				
Shared Consultation with faculty	Evaluation groups				
Community Tutorial	Three clinic evaluation studies				
Informal Technique-Oriented Meetings	Practicum				
Program Evaluation: Training Objectives Inventory Study of Graduates Research Apprenticeship					
Practicum					